Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 12/31/2004)

Type of Submission	2. Date S	Submitted 15-May-0	4. HUD Application Number		
X Application Preapplication	3. Date and Time Received by HUD		5. Existing	Grant Number B-02-MC-25-0005	
			6. Applican	t Identification Number B-03-MC-25-0005	
Applicant's Legal Name City Of Cambridge		8. Organizational Unit Community	Development	Department	
 9. Address (give city, county, State, and zip code) A. Address: 238 Broadway B. City: Cambridge C. County: Middlesex D. State: Massachusetts E. Zip Code: 02139 		10. Name,title,telephone number contacted on matters involving A. Name:B. Title:C. Phone:D. Fax:	ງ this applicati Janet L. Cເ	ndmore-Boswell r Development Block Grant Manager 500	
11 Employer Identification Number (FIN) or SSN		E. E-mail:		@Spike.ci.cambridge.ma.us	
If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) 15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Community Development Block Grant Component Title: 17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.) City of Cambrige - Citywide		Year 04 One Year Action Plan	I. Univers J. Indian K. TDHE L. Individ M. Profit N. Non-p O. Public ct P. Other ing and Urb int's Program on Year by the	ity or College Tribe ual Organization rofit Housing Authority (Specify) van Development e City of Cambridge. The Fiscal	
18a. Proposed Program start date 18b. Proposed Program e 7/1/2003 6/30/2004	end date	19a. Congressional Districts o Eighth	f Applicant	19b. Congressional Districts of Program Eighth	
20. Estimated Funding: Applicant must complete the Fundin	g Matrix	•		3 1	
21. Is Application subject to review by State Executive Order 12 A. Yes B. No X Program is not covered by E.O. 12372 Program has not been selected by State for 22. Is the Applicant delinquent on any Federal debt? Yes If "Yes," explain below or attach an explanation.	ailable to		72 Process fo	or review on: Date	

Funding Matrix	-unding Matrix								
The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being									
requested, and complete the certification	-	HOWIT DOIGHT,	nothing caon prog	Talli Ioi Willon	THOD fullding .	3 Doing			
Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total	
Community Development Block Grant	\$3,878,000		\$650,700	\$650,000	\$678,000	\$7,479,165	\$240,000	\$13,575,865	
Grand Totals	\$3,878,000	\$0	\$650,700	\$650,000	\$678,000	\$7,479,165	\$240,000	\$13,575,865	
* FOR PHIPS, SHOW DOWN ITHINIAUVE	For FHIPs, show both initiative and component								
Certifications									
certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.									
To the best of my knowledge and and Certifications (HUD form 424-of the fact upon which reliance sha	-B) attached to	o this applicat	tion or currently o	on file in the D	Department, are				
23. Authorized Official Signature	un do places.	VIIOII U.S U.S.		Name (printe					
					Robert W. Hea	·			
Title	Cambridge C	ity Manager				Date (mm/dd	d/yyyy) 5/12/2003		

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Type of Submission	2. Date	Submitted 15-May-0	4. HUD Application Number			
X Application Preapplie	cation 3. Date	3. Date and Time Received by HUD		5. Existing Grant Number		
			6. Applican	t Identification Number		
				M-02-25-0202		
7. Applicant's Legal Name City Of Cambridge		8. Organizational Unit Community [Development	Department		
9. Address (give city, county, State, and zip cod	e)	10. Name,title,telephone numb	er,fax numbe	r, and e-mail of the person to be		
A. Address: 238 Broadway		contacted on matters involving	this applicati	on (including area codes)		
B. City: Cambridge		A. Name:	Marshalee	Ellis-Kehlhem		
C. County: Middlesex		B. Title:	HOME Cod	ordinator		
D. State: Massachusetts		C. Phone:	617-349-46			
E. Zip Code: 02139		D. Fax:	617-349-46			
		E. E-mail:		m@Spike.ci.cambridge.ma.us		
11. Employer Identification Number (EIN) or SS	N	12. Type of Applicant (enter ap	propriate lette	er in box) C		
46001383		A. State	I. Univers	sity or College		
		B. County	J. Indian	Tribe		
13. Type of Application		C. Municipal	K. TDHE			
X New Continuation Renewa	I Revision	D. Township	L. Individ	ual		
Г – –		E. Interstate	M. Profit	Organization		
If Revision, enter appropriate letters in box(es)	ПП	F. Intermunicipal	N. Non-p	rofit		
A. Increase Amount B. Decrease Amount C. Inc	rease Duration	G. Special District O. Public Housing Authority				
D. Decrease Duration E. Other (Specify)		H. Independent School Distric	t P. Other	(Specify)		
		14. Name of Federal Agency				
		U.S. Department of Housi	ng and Urb	an Development		
15. Catalog of Federal Domestic Assistance (CF	DA) Number	16. Descriptive Title of Applica	nt's Program			
	1 4.239	The 29th Entitlement Application	on Year by th	e City of Cambridge. The Fiscal		
Title: HOME Investment Partnership Pr	ogram	Year 04 One Year Action Plan				
Component Title:						
17. Areas affected by Program (cities, counties,						
Reservation, etc.) City of Cambri	ige - Citywide					
18a. Proposed Program start date 18b. Prop	osed Program end date	19a. Congressional Districts of	Applicant	19b. Congressional Districts of		
7/1/2003 6/30/2	2004	Eighth		Program Eighth		
20. Estimated Funding: Applicant must comp	lete the Funding Matrix	on Page 2.				
21. Is Application subject to review by State Exe	cutive Order 12372 Prod	ess?				
A. Yes This preapplication/application	on was made available to	the State Executive Order 1237	72 Process fo	or review on: Date		
B. No X Program is not covered by E	.O. 12372					
Program has not been selec	ted by State for review.					
22. Is the Applicant delinquent on any Federal d						
Yes If "Yes," explain below or attach a						
	,					

Funding Matrix								
The applicant must provide the fur requested, and complete the certi	-	hown below, li	sting each progra	am for which	HUD funding i	s being		
Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HOME Investment Partnership Grant	\$1,180,327	\$7,022,400	\$4,784,790	\$3,072,600	\$0	\$12,868,937	\$0	\$28,929,054
Grand Totals	\$1,180,327	\$7,022,400	\$4,784,790	\$3,072,600	\$0	\$12,868,937	\$0	\$28,929,054
* For FHIPs, show both initiative and component								
Certifications I certify, to the best of my knowled of the undersigned, to any person Congress, an officer or Member of this Federal grant or its extension will be paid for influencing or at Disclosure Form to Report Lobbyi similarly certify and disclose according to the best of my knowledge and	for influencing for congress, and con, renewal, a tempting to ining. I certify the relingly.	g or attempting n officer or emplement or a fluence the period I shall require in this application or the shall require in this application.	to influence an ployee of a Mem modification. If fresons listed above all sub awards ation are true and	officer or emp ber of Congre unds other the re, I shall com s at all tiers (in discorrect and	oloyee of an agess, in connection Federal applete and sub-collections sub-collections the certification of the cer	gency, a Member tion with the aw propriated funds mit Standard For grants and control	er of arding s have orm-LLL, racts) to	
and Certifications (HUD form 424- of the fact upon which reliance sha 23. Authorized Official Signature	•		•		l into.			
Robert W. Healy Fitle Date (mm/dd/yyyy) Cambridge City Manager 5/12/2003								

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X Application	Preapplication 3. Date	3. Date and Time Received by HUD		5. Existing Grant Number			
			6. Applican	t Identification Number S-02-MC-25-0003			
7. Applicant's Legal Name	•	8. Organizational Unit		_			
City Of Cambridge			Development	•			
9. Address (give city, county, State, ar	nd zip code)		-	er, and e-mail of the person to be			
A. Address: 51 Inman Street		contacted on matters involving					
B. City: Cambridge		A. Name:	Jolyon Cov	van			
C. County: Middlesex		B. Title:	Program M	anager			
D. State: Massachusetts		C. Phone:	617-349-62	200			
E. Zip Code: 02139		D. Fax:	617-349-62				
		E. E-mail:	<u>jcowan@</u>	Spike.ci.cambrige.ma.us			
11. Employer Identification Number (E	IN) or SSN	12. Type of Applicant (enter ap	propriate lette	er in box)			
46001383		A. State	I. Univers	sity or College			
		B. County	J. Indian	Tribe			
13. Type of Application		C. Municipal	K. TDHE				
X New Continuation	Renewal Revision	D. Township	L. Individ	ual			
	_	E. Interstate	M. Profit	Organization			
If Revision, enter appropriate letters in	box(es)	F. Intermunicipal	N. Non-p	=			
A. Increase Amount B. Decrease Amo		G. Special District O. Public Housing Authority					
D. Decrease Duration E. Other (Speci		H. Independent School District P. Other (Specify)					
B. Bedreade Baration E. Other (Open	.,,	14. Name of Federal Agency					
		U.S. Department of House	ing and Urb	ean Develonment			
15. Catalog of Federal Domestic Assis	stance (CEDA) Number	16. Descriptive Title of Applica		an bevelopment			
15. Catalog of Federal Domestic Assis	1 4.231	•	•	e City of Cambridge. The Fiscal			
Title: Emergency Shelter Gra		Year 04 One Year Action Plan	-	o only or cambridge. The Floor			
Component Title:							
17. Areas affected by Program (cities,	counties, States, Indian	7					
	of Cambrige - Citywide						
	,						
18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of	f Applicant	19b. Congressional Districts of			
7/1/2003	6/30/2004	Eighth		Program Eighth			
20. Estimated Funding: Applicant mu	ust complete the Funding Matri	x on Page 2.					
21. Is Application subject to review by	State Executive Order 12372 Pro	cess?					
	/application was made available		72 Process fo	or review on: Date			
l '''	rered by E.O. 12372						
ı H	een selected by State for review.						
22. Is the Applicant delinquent on any							
Yes If "Yes," explain below of							

Funding Matrix								
The applicant must provide the fun requested, and complete the certif	-	hown below, li	isting each program	m for which I	HUD funding is b	being		
Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Emergency Shelter Grant Program	\$132,000	\$229,587	\$0	\$0	\$0	\$0	\$0	\$361,587
Grand Totals	\$132,000	\$229,587	\$0	\$0	\$0	\$0	\$0	\$361,587
* For FHIPs, show both initiative a	and compone	nt						
Certifications I certify, to the best of my knowledge of the undersigned, to any person Congress, an officer or Member of of this Federal grant or its extension or will be paid for influencing or att Disclosure Form to Report Lobbyin similarly certify and disclose according.	for influencing f Congress, aron, renewal, attempting to infing. I certify the	g or attempting n officer or em amendment or fluence the pe	ng to influence an on an apployee of a Member modification. If full ersons listed above	officer or empoer of Congreunds other that be, I shall com	oloyee of an ager ess, in connection an Federal appro aplete and submit	ency, a Member on with the aw opriated funds it Standard Fo	per of varding ds have Form-LLL,	
To the best of my knowledge and I and Certifications (HUD form 424-I of the fact upon which reliance sha	·B) attached to	o this application	ion or currently on	file in the De	epartment, are a			
23. Authorized Official Signature	23. Authorized Official Signature Name (printed) Robert W. Healy							
Title	Cambridge C	City Manager				Date (mm/dd	d/yyyy) 5/12/2003	}